

Application Packet for Participation in Ohio University College of Osteopathic Medicine International Programs

Instructions: Complete this application in full (sections 1-7) and submit it to Mary Dailey by the program application deadline.

Additional Materials: Please also include the following with this application:

- **Personal Statement.** 1-2 page typed essay about yourself, your academic and career interests, and your motivation for studying abroad on this particular program.
- **References.** Two academic reference forms (section 7).
- **Additional Materials.** Some International Programs require additional application materials for you to complete. These requirements are available from your Program Director or on the program website.

Special Notes:

- Applications will be reviewed when all requested materials are submitted and after the application deadline. Applicants will be notified of their status by email or letter. Applicants may be interviewed by the program selection committee.
- The Office of International Programs reserves the right to review your judicial record at Ohio University or elsewhere and to review any criminal history, including juvenile adjudications, for participation on an international program.
- Study Abroad Scholarship information is available on the Office of Education Abroad website (www.ohio.edu/studyabroad).
- Do not use this application if your program is not listed in Section 1.

Please submit the original and one copy of this application and any additional materials to:

Mary Dailey
Office of International Programs
Ohio University College of Osteopathic Medicine
221A Grosvenor Hall
Athens, OH 45701

740 593-2183 phone
740 593-9557 fax
dailey@ohio.edu

3 Family Contact Information. Program information will be sent by email to your parent(s) or other contact person(s) you designate here, unless you notify the Office of International Programs otherwise in writing.

Contact 1 - Last, First Name _____ Relationship _____ Email Address _____

Address _____ Street _____ City _____ State _____ Zip Code _____

Home Phone _____ Work Phone _____ Cell Phone _____

Contact 2 - Last, First Name _____ Relationship _____ Email Address _____

Address _____ Street _____ City _____ State _____ Zip Code _____

Home Phone _____ Work Phone _____ Cell Phone _____

Who should be contacted in case of emergency? (circle all that apply) **Contact 1** **Contact 2**

4 Academic Information.

All Students:

Current Rank: (check one)

Undergraduate Graduate OU-COM student Other: _____

Expected time of graduation: _____ / _____
Month Year

Would you like to receive academic credit from this experience: **YES** **NO**

If yes, what kind:

- Undergraduate
- Graduate
- International Medicine Rotation # of credit weeks _____
- Research Rotation
- Research and Scholarly Advancement Fellowship Program

Classification: (check one) **Ohio Resident** **Out-of-State Resident**

OU-COM Students:

OU-COM CORE students must provide written approval from their respective CORE administrator. Your application won't be complete until we have received this letter.

Approved by Associate Dean for Pre-Doctoral Education _____

Graduate Applicants:

Do you anticipate using a fee waiver to provide funding for this program? **YES** **NO**

Non-Ohio University Students:

Home University

Academic Advisor's Email

Non-OU students must also provide written approval from their home university. Your application won't be complete until we have received this letter.

Non-Students:

Will you be acting as a preceptor during this program? **YES NO**

If yes, you must complete a Preceptor Information Form

All Applicants: Indicate Your Level of Training as of _____/_____/_____
Month Day Year

Undergrad Student ____ Year

Nurse

Graduate Student ____ Year

Pharmacist

Medical Student ____ Year

Physical Therapist

Resident ____ PGY

Journalist

Pharmacy Student ____ Year

Other _____

MD/DO _____
Specialty

Previous Overseas Travel (List countries, duration, and purpose; if travel was for study abroad, please also indicate director's name and email):

References. Please provide the names and departments of any faculty member or graduate teaching assistant who is providing a reference for you. Please see section 1 of this application for more information.

1 _____
Name Department Institution

2 _____
Name Department Institution

5 Health Information. The purpose of this section is to help the Ohio University College of Osteopathic Medicine to be of maximum assistance to you should you need medical assistance during your study abroad. Mild physical or psychological disorders can become serious under the stresses of life while studying abroad. It is important that the program administrator(s) be made aware of any medical or emotional problems, past or current, which might affect you in a foreign study context. Ohio University will do its best to reasonably accommodate all individual needs or circumstances.

The information provided will remain confidential and will be shared with the program staff, faculty, or appropriate professionals only if pertinent to your well-being. Please attach additional sheets for any necessary explanations while answering the following questions.

- | | | | |
|---|---|-----|----|
| 1 | Are you generally in good physical condition? (If no, please explain) | YES | NO |
| 2 | Have you been treated or are you currently being treated for any physical, psychological or emotional conditions? (If yes, please explain) | YES | NO |
| 3 | Do you have any allergies? (If yes, please explain) | YES | NO |
| 4 | Are you taking any medications? (If yes, please explain) | YES | NO |
| 5 | Are you a vegetarian or are you on a restricted diet? (If yes, please explain) | YES | NO |
| 6 | Is there any additional information (concerning medical conditions or physical disabilities) that would be helpful for the Program Coordinator to know during your study abroad? (If yes, please explain) | YES | NO |

6 Proof of Insurance Coverage. Adequate health and accident insurance coverage is required of all Ohio University students participating on a study abroad program or independent project abroad. Such a policy should minimally include basic medical, accidental death and dismemberment, repatriation and emergency evacuation coverage. If you plan to travel before the official start of your program or after the program's conclusion and your policy does not cover this period, short-term coverage should be arranged with a private company to ensure adequate coverage for the duration of your time abroad. In addition to your primary insurance coverage, all Ohio University students participating on a study abroad program or independent project abroad must purchase an International Student ID Card (ISIC). A handbook of insurance benefits and discounts provided by the ISIC is available for review in the Office of Education Abroad.

I will be covered by a health and accident insurance policy for the duration of my stay abroad as a participant in the above-mentioned program or independent project. This insurance is provided through:

Plan Name: _____

Policy Number: _____

7 Academic Reference Form. This form should be given to faculty members or Graduate Teaching Associates who are able to comment on your academic qualifications for studying abroad. Please make additional copies of this form if required by your program. The person writing the recommendation should turn this form in with their recommendation to the Office of International Programs.

To the Applicant: Please fill out the top part of this form.

Applicant Name

Official Name of Program (Please refer to section 1)

Applicant's Waiver of Right to Access. The Family Educational Rights and Privacy Act of 1974, as amended (P.L. 93-380), allows a candidate to waive his or her right of access to confidential statements written on his or her behalf. Ohio University does not require you to make such a waiver as a condition for admission.

I hereby waive my right of access to this recommendation:

Applicant's Signature

_____/_____/_____
Month Day Year

Deadline to Submit Reference Form to Mary Dailey: ____/____/____
Month Day Year

To the Referee. The above student is applying to participate on a study abroad or exchange program through the Ohio University College of Osteopathic Medicine Office of International Programs. To benefit from this experience and qualify for acceptance, a student must be highly motivated, emotionally mature, and able to adapt easily to people with different cultural and social backgrounds. We would appreciate your thoughtful and candid appraisal of this applicant's academic ability and personal suitability, as well as foreign language skills if applicable. Your comments will be seen by faculty and staff members on the program selection committee.

Name of Person Providing Reference

Position

Department

Institution

Phone

Email Address

How long and in what capacity have you known the applicant?

Please return this form and your written reference (please attach) by the above application deadline to:
Mary Dailey
Office of International Programs
Ohio University College of Osteopathic Medicine
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Athens, OH 45701
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